

FILED NOV 12 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

34286

9546

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County.....
 (b) City or town..... St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Little Sister's Of the Poor
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 Mo.
 (Specify whether
 In this community.....
 years, months or days)

3. (a) PRINT
FULL NAMEFrank A. Hempler3. (b) If veteran,
name war.....

3. (c) Social Security No.

4. Sex Male 0
5. Color or
race White6. (a) Single, widowed, married,
divorced Widowed6. (b) Name of husband or wife.....
6. (c) Age of husband or wife if
alive..... years7. Birth date of deceased. Dec. 7 1865
(Month) (Day) (Year)8. AGE: Years 82 Months 11 Days 24
If less than one day
hr. min.9. Birthplace Chester Ill.
(City, town, or county) (State or foreign country)10. Usual occupation Retired Printer

11. Industry or business.....

12. Name Andrew Hempler13. Birthplace Unknown
(City, town, or county) (State or foreign country)14. Maiden name Unknown15. Birthplace Unknown
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. Anna A Haarhaus(b) Address 6804 Minnesota17. (a) Burial (b) Date thereof 11-3-48
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Hiram Cem.
JOS. P. FENDLER, JR. FUNERAL HOME

18. (a) Signature of funeral director.....

(b) Address 7128 Michigan Ave.19. (a) NOV 3 1948 (b) J. B. Lasater
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County.....
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 6804 Minnesota Ave.
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 31
year 1948 hour 9 minute 15 P. M.21. I hereby certify that I attended the deceased from Aug 31 to Oct 31
1948 that I last saw him alive on Oct 27 and that death occurred on the date and hour stated above.

Immediate cause of death.....

Due to Haemorrhage from
ulcer stomach 3 hrDue to arterio sclerosis 2 yrOther conditions (Include pregnancy within 3 years of death) Cholesterol 1 yr

Major findings:

Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide.....

(b) Date of occurrence.....

(c) Where did injury occur?..... (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work..... (Specify type of place) (Means of injury)

23. Signature J. B. Lasater M. D. or otherAddress 667 No. Grand Date signed 11/3/48

9546

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.